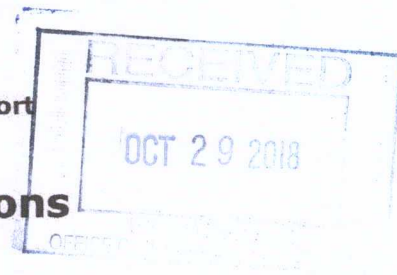


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EPA General Permit WAG130000 - Annual Report



**Annual Report of Operations  
for Year 2017**

**To comply with NPDES General Permit No. WAG130000 for Federal  
Aquaculture Facilities and Aquaculture Facilities Located in Indian  
Country within the Boundaries of the State of Washington**

NPDES # for your Facility:

WAG

130009

**Facility & Owner Information**

Facility Name: FORD HATCHERY	
Operator Name (Permittee): WA DEPT. OF FISH AND WILDLIFE	
Address: P.O. BOX 70 FORD, WA 99013	
Email: jacob.wolfe@dfw.wa.gov	Phone: 509-258-4269
Owner Name (if different from operator):	
Email:	Phone:

**Best Management Practices (BMP) Plan**

Has the BMP Plan been reviewed this year? ☒ Yes ☐ No

Does the BMP Plan fulfill the requirements of the General Permit? ☒ Yes ☐ No

Summarize any changes to the BMP Plan since the last annual report. Attach additional pages if necessary.



ICIS  
12/30/2018  
JK

## EPA General Permit WAG130000 - Annual Report

### Operations and Production

Total harvestable weight produced in the past calendar year in pounds (lbs): **78150**

Pounds of food fed to fish during the maximum month:

**11,000**

List the species grown or held at your facility and the annual production of each in gross harvestable weight. If fish were released rather than harvested, list the weight at time of release.

Species	Fish Produced	Receiving Water(s) to which Fish were Released	Month Released/Spawned
Rainbow trout	59150	Stevens, Spokane, Pend Oreille	Mar, April, Oct.
Kokanee	9700	Grant and Stevens counties	June, Oct.
Brown trout	4000	Spokane and Stevens counties	Nov.
Brook trout	2000	Spokane and Stevens counties	Nov.
Tiger trout	1100	Pend Oreille county	June
Cutthroat trout	2200	Pend Oreille county	June

Fill in the table below with production numbers from the past year. List the **maximum** amount of fish on-site and the maximum amount of food fed **per month**.

Month	Total Fish (lbs)	Fish Feed (lbs)	Month	Total Fish (lbs)	Fish Feed (lbs)
January	36532	10415	July	15092	3748
February	40231	9548	August	22110	6470
March	38843	11000	September	27947	6851
April	38157	5131	October	24259	8355
May	28100	5998	November	26337	5594
June	11851	2954	December	27180	4724

Additional Comments:



## EPA General Permit WAG130000 - Annual Report

### Solid Waste Disposal

Describe the solid waste disposed of during the calendar year (including fish mortalities).

Type of Solid Disposed	Date Disposed	Location Disposed
fish mortality	1/1/17-12/31/17	on-site landfill
Additional Comments:		

### Fish Mortalities

Include a description and the dates of mass mortalities in the past year (more than 5% per week). Attach additional pages, if necessary. Include total mortalities from all causes.

Date	Cause of Deaths	Steps Taken to Correct Problem	Pounds of Fish
1/1-12/31/17	normal mortality and light cases of bacterial gill disease	Drip treatment of Chloamine-T	1560lbs
Additional Comments:			

## **EPA General Permit WAG130000 - Annual Report**

### **Noncompliance Summary**

Include a description and the dates of noncompliance events (including spills), the reasons for the incidents, and the steps taken to correct the problems. Attach additional pages, if necessary.

### **Inspections & Repairs for Production & Wastewater Treatment Systems**

Date Inspected	Date Repaired	Description of System Inspected and/or Repaired

# EPA General Permit WAG130000 - Annual Report

## Aquaculture Drugs and Chemicals

Please indicate whether you used each drug/chemical **during the past calendar year**.  
Describe the use of each drug/chemical in more detail on the following pages.

Used in the past year?	Drug or Chemical
<input type="checkbox"/> Yes <input type="checkbox"/> No	Azithromycin
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Chloramine-T: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Chlorine
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Draxxin
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - injectable
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Erythromycin - medicated feed
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Florfenicol (Aquaflor)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Formalin - 37% formaldehyde: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Herbicide - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hormone - describe:
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Hydrogen Peroxide: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Iodine: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	Oxytetracycline
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Potassium Permanganate: <i>See additional reporting requirements on page 7</i>
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Romet
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	SLICE (emamectin benzoate)
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Sodium Chloride - salt
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Vibrio vaccine
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:
<input type="checkbox"/> Yes <input type="checkbox"/> No	Other:



**EPA General Permit WAG130000 - Annual Report**

**Aquaculture Drugs and Chemicals (cont'd)**

Describe all drug and/or chemical treatments that occurred during the year. Fill out the information below for each drug or chemical, plus page 7 for water-borne treatments. Attach additional pages as necessary.

Brand Name: <b>Halmid Aqua</b>		Generic Name: <b>Chloramine-T</b>	
Reason for use: <b>Bacterial Gill Disease</b>			
<input type="checkbox"/> Preventative/Prophylactic <input checked="" type="checkbox"/> As-needed	Total quantity of formulated product per treatment (specify units): <b>477</b>	Total quantity of formulated product used in past year (specify units): <b>29 lbs</b>	
Date(s) of treatment: <b>4/16-17, 5/13-19, 5/24-26, 5/31-6/2, 6/15-6/17/17</b>			Total number of treatments in past year: <b>69</b>
Maximum daily volume of treated water: <b>10800 gal.</b>	Treatment concentration (specify units): <b>15ppm</b>	Duration and frequency of treatment(s): <b>1hr per treatment/3 consecutive days</b>	
Method of application:			
<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through		<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):			
<input type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building		<input checked="" type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin <input type="checkbox"/> Other (describe):	
Where did water treated with this chemical go? (check all that apply):			
<input type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin		<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works <input checked="" type="checkbox"/> Other (describe): <b>effluent</b>	
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use: <b>45ppm sodium was used to dilute chloramine-T</b>			

Brand Name: <b>parasite-S</b>		Generic Name: <b>formalin</b>	
Reason for use: <b>prevent fungus on eggs</b>			
<input checked="" type="checkbox"/> Preventative/Prophylactic <input type="checkbox"/> As-needed	Total quantity of formulated product per treatment: <b>1 gallon</b>	Total quantity of formulated product used in past year (specify units): <b>50 gallons</b>	
Date(s) of treatment: <b>10/11-12/5/17</b>			Total number of treatments in past year: <b>50</b>
Maximum daily volume of treated water: <b>600gallons</b>	Treatment concentration (specify units): <b>1:600</b>	Duration and frequency of treatment(s): <b>daily</b>	
Method of application:			
<input type="checkbox"/> Static Bath <input checked="" type="checkbox"/> Flow-through		<input type="checkbox"/> Medicated Feed <input type="checkbox"/> Other (describe):	
Location in facility chemical was used (check all that apply):			
<input type="checkbox"/> Raceways <input checked="" type="checkbox"/> Incubation building		<input type="checkbox"/> Ponds <input type="checkbox"/> Off-line settling basin <input type="checkbox"/> Other (describe):	
Where did water treated with this chemical go? (check all that apply):			
<input checked="" type="checkbox"/> Discharged w/o treatment <input type="checkbox"/> Settling basin		<input type="checkbox"/> Septic System <input type="checkbox"/> Publicly owned treatment works <input type="checkbox"/> Other (describe):	
Provide any additional information about how this chemical was used and/or special pollution prevention practices during use:			

**EPA General Permit WAG130000 - Annual Report**

**Aquaculture Drugs and Chemicals (cont'd)**

***Additional Reporting Requirements for Water-Borne Treatments***

- If a water-borne treatment was used during the calendar year, Permittees must include detailed records/calculations as an attachment to this Annual Report in order to demonstrate how the maximum effluent concentrations of solution and active ingredient were calculated for each chemical.
- EPA recognizes that water-borne treatments may vary in the volume of the vessels treated, concentration, quantity of product, etc. Permittees must provide the information listed in the following tables for a reasonable worst case (i.e., maximum effluent concentration) scenario, not for each individual treatment.
- Permittees must submit this information and calculate the maximum effluent concentration for each water-borne chemical used during the past calendar year.
- See also Appendix D for the Chemical Log Sheet.

<b>Static Bath Treatments</b>	
Tank Volume	none <span style="float:right">Liters</span>
Desired Static Bath Treatment Concentration	<span style="float:right">µg/L</span>
Volume of Product Needed	<span style="float:right">Liters Product</span>
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: <span style="float:right">Specify Units</span> Active Ingredient:
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	<span style="float:right">Specify Units</span>
Maximum % of Facility Discharge Treated	<span style="float:right">% of Total Discharge</span>

<b>Flow-Through Treatments</b>	
Tank Volume	62370 <span style="float:right">Liters</span>
Calculated Flow Rate	544 <span style="float:right">Liters/Minute</span>
Duration of Treatment	60 <span style="float:right">Minutes</span>
Desired Flow-Through Treatment Concentration of Product	15ppm <span style="float:right">µg/L</span>
Amount of Product to Add Initially	477grams <span style="float:right">Liters Product</span>
Amount of Product to Add During Treatment	315 <span style="float:right">mL/Minute</span>
Total Volume of Product Needed	18925 <span style="float:right">Liters Product</span>
Maximum Effluent Concentration of: 1) Solution and 2) Active Ingredient	Solution: <span style="float:right">Specify Units</span> Active Ingredient:
Minimum Volume of Total (treated + untreated) Water Discharged from the Facility per day	<span style="float:right">Specify Units</span>
Maximum % of Facility Discharge Treated	<span style="float:right">% of Total Discharge</span>



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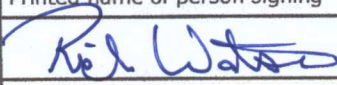
### Changes to the Facility or Operations

Describe any changes to the facility or operations since the last annual report.

New aluminum troughs were installed in incubation room to replace old painted metal troughs.

### Signature and Certification

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly evaluate and gather the information submitted. Based on my inquiry of the person or persons, who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Rich Watson	Spokane Complex Mgr.
Printed name of person signing	Title
	10/23/2018
Applicant Signature	Date Signed

### Submittal Information

Send the complete, signed information, along with any attachments, to the following address:

U.S. EPA Region 10, OWW-191  
Washington Hatchery Annual Report  
1200 Sixth Avenue, Suite 900  
Seattle, WA 98101-3140



## Chemical usage-Attachment

<u>Date</u>	<u>Chemicals used, number of days used, maximum concentration in effluent</u>	<u>Yearly total</u>
April-June	Chloramine-T, 15 days, no concentration at effluent	13,172 grams
Sept.	Iodine, 3 days, less than .5 ppm	5 gal.
Oct.-Dec.	Formalin, 40 days, less than .5ppm	50 gal.